

DOUGLAS COUNTY PUBLIC WORKS DEPARTMENT  
SPECIAL WASTE DISPOSAL PERMIT

Part 1 of 1

For information phone (541) 440-4485

Permit authorizes disposal only at the Roseburg Landfill  
between 9 a.m. – 3 p.m. Wednesday through Friday  
No disposal without presentation of original permit(s)  
Permit valid for 6 months from issue date  
Minimum 24 hours advance notice of disposal – Phone (541) 440-4483

**IMPROPER DISPOSAL IS A VIOLATION OF COUNTY CODE AND  
SUBJECT TO CITATION AND FINE**

Petroleum Contaminated Soil (PCS)       Sand Blast Grit       Other \_\_\_\_\_  
(Complete this page and attach laboratory analysis of one representative sample showing contamination constituents and concentrations detected)

Generator Name: \_\_\_\_\_ EPA ID: \_\_\_\_\_  
How waste was generated: \_\_\_\_\_ Estimated quantity: \_\_\_\_\_ ton(s)  
Site Address: \_\_\_\_\_  
Sample source for lab analysis:  
 Pile       In-ground       Pit bottom       Drum       Other \_\_\_\_\_  
Paint filter liquids test:     Pass       Fail (*free liquids present*)  
Physical state at 70°F:     Solid       Liquid       Sludge

I, \_\_\_\_\_, hereby certify that the information contained herein is true and correct, and the material described is properly classified, identified, packaged, marked, labeled, cleaned and prepared as required by government regulations. I certify this waste is not a hazardous or dangerous waste as defined by the U.S. EPA or State of Oregon. I certify this waste does not contain any quantities of PCB's or regulated radioactive materials. I certify all samples used for analysis are representative of the materials described herein.

\_\_\_\_\_  
*Authorized Representative's Signature*      *Title / Company*      \_\_\_\_\_ *Date*

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Transporter: \_\_\_\_\_ Phone: \_\_\_\_\_  
Party responsible for disposal cost: \_\_\_\_\_ Fax: \_\_\_\_\_  
Billing address: \_\_\_\_\_ Phone: \_\_\_\_\_

Commercial Accounts

I acknowledge that charges to established commercial accounts are due 30 days from date of billing and that delinquent accounts are subject to loss of charging privileges and collection through judicial proceedings.

\_\_\_\_\_  
*Authorized Representative's Signature*      \_\_\_\_\_  
*Printed Name*

**FOR OFFICE USE ONLY**

Total Volume: \_\_\_\_\_ ton(s)      This Load: \_\_\_\_\_ ton(s)      Non Resident Fee: \_\_\_\_\_ /ton  
Permit Fee: \$72.00 + Volume: \_\_\_\_\_ ton(s)      X Rate: \$94.00/ton      = Total:\$ \_\_\_\_\_

Cash       Check # \_\_\_\_\_      Receipt # \_\_\_\_\_       Charge

Permit Issued By: \_\_\_\_\_

**Material Confirmation (Landfill Attendant Use Only)**

Received By: \_\_\_\_\_ Time: \_\_\_\_\_      Gross Weight: \_\_\_\_\_  
Date: \_\_\_\_\_ Volume: \_\_\_\_\_      Tare Weight: \_\_\_\_\_  
DEQ Form ASN-4 Submitted: (Commercial Disposal Only) Yes: \_\_\_\_\_ No: \_\_\_\_\_      Net Weight: \_\_\_\_\_